

IN THE SENATE

SENATE BILL NO. 1355, As Amended in the House

BY JUDICIARY AND RULES COMMITTEE

AN ACT

RELATING TO STANDARD OF MEDICAL CARE; AMENDING CHAPTER 10, TITLE 6, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 6-1014, IDAHO CODE, TO PROVIDE THAT METRICS ESTABLISHED BY THE FEDERAL GOVERNMENT UNDER THE AFFORDABLE CARE ACT AND BY INSURERS DO NOT ESTABLISH THE STANDARD OF MEDICAL CARE IN IDAHO AND TO DEFINE TERMS.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Chapter 10, Title 6, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 6-1014, Idaho Code, and to read as follows:

6-1014. PATIENT PROTECTION AND AFFORDABLE CARE ACT AND OTHER METRICS NOT USED TO ESTABLISH COMMUNITY STANDARD. (1) In determining whether a health care practitioner has met a standard of care under this chapter or under any other Idaho statute, no criteria, guideline, standard or other metric established or imposed by the patient protection and affordable care act (PPACA), P.L. 111-148, established or imposed by or pursuant to any other law or regulation of the United States or any entity or agency thereof and used for the purpose of determining reimbursement or a rate of reimbursement for the care provided, or established or imposed by another state or by a third party payor, shall be used as a basis for establishing an applicable community standard of care. The fact that a health care practitioner has met or failed to meet any such criteria, guideline, standard or other metric shall not be admissible or considered by a finder of fact in any proceeding or other action concerning a determination of liability of a health care practitioner to a patient or other party seeking damages on account of an injury to a patient or in any proceeding or other action of a state licensing or regulatory authority imposing professional discipline for failure of a health care practitioner to meet the applicable standard of care.

(2) Notwithstanding the provisions of subsection (1) of this section, nothing in this section shall prevent the consideration of facts that establish compliance or lack of compliance with a community standard of care, so long as the facts considered do not include reference to any criteria, guideline, standard or other metric imposed by the PPACA, established or imposed by or pursuant to any other law or regulation of the United States or any entity or agency thereof and used for the purpose of determining reimbursement or a rate of reimbursement for the care provided, or established or imposed by another state or by a third party payor.

(3) For the purposes of this section, the following definitions shall apply:

(a) "Health care practitioner" means a person licensed, registered or otherwise authorized under title 54, Idaho Code, to provide services

1 relating to the prevention, cure or treatment of illness, injury or dis-
2 ease.

3 (b) "Third party payor" means any entity subject to the jurisdiction
4 of the department of insurance under title 41, Idaho Code, and also
5 includes any federal, state or local government entity and its contrac-
6 tors making payments or administering any plan or program paying for
7 health care services.